DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER

PO BOX 275 JESSUP MD 20794 TELEPHONE: (410) 799-1379

RECORDS TRANSMITTAL AND RECEIPT

SEE DHMH RE CORDS	Transmittal Guidelines for Assistance in Preparing Form	DHMH BATCH NU	IMBER: G	GG-GG-GG-G	
1 A. DEPART	MENT of HEALTH & MENTAL HYGIENE	Accession Number	er:	Date:	
Budget Cod	e: 32. PCA Code:			R M CODE:	
B. Office/Admir		Location: Range	Location: Range-Section No of Cubic Feet (BOXES)		
C. Mailing Addr	ess				
D. Unit Records or CONTACT:	Manager Phone:	Records Center	Records Center Manager:		
E. Program Records Coordinator/Custodian: Phone:			This Box To Be Completed By State Records Center		
2. Box Numbers	Title of Record Series (copy from Schedule) & Year Attach Box Packing Lists if Available.		4. Disposal Authority: Schedule #/ Item #/ Disposal Date		
	[USE PLAIN UNLINED PAPER FOR CONTINUATION PA ALL RECORDS LISTED ON THIS FORM MUST HAVE THE SAME	AGES]	SCHEDULE # ITEM # DISPOSAL DA		